

****FOR PRE-NOTIFICATION ONLY****

**UNIFORM PRE-NOTIFICATION MORTGAGE LENDER/MORTGAGE BROKER FORM
FORM MU1 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **PRE-NOTIFICATION** – Pre-Notification Form(s) MU1 must be manually submitted to notify relevant state mortgage regulators outside of NMLS concerning changes to certain information on their company license record of information.
2. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
3. **DATES** – The Pre-Notification date is the date *licensee* submits this form to the *jurisdiction(s)*. The desired effective date is the date *licensee* would like this pre-notification to become effective. Review Pre-Notification Table for effective date expectations.
4. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Submit a completed Pre-Notification Form MU1 to each *jurisdiction* when the *licensee* is notifying for the first time.
- B. Type all information.
- C. Use only the current version of Pre-Notification Form MU1 and its Schedules or a reproduction of them.

2. PRE-NOTIFICATION PROCESS

Step 1: Company consults the NMLS Pre-Notification Event list (Table A) to verify the business event occurring in their company requires pre-notification through the NMLS Pre-notification process.

Step 2: Company completes the appropriate NMLS Pre-Notification Form detailing the event. Forms can be found as adobe acrobat® fillable forms on the NMLS Resource Center.

Step 3: Company gathers relevant documents that may be required as part of the pre-notification event. A checklist of required documents is listed on each Uniform Pre-Notification Form.

Step 4: Company submits their NMLS Pre-Notification Forms and supporting documents to all jurisdictions in which they are licensed via email, the US Postal System or other similar method. NMLS Resource Center will maintain the contact information for each state regulator concerning submission of NMLS Pre-notification Forms.

Step 5: Regulators review the NMLS Pre-Notification Forms and additional documents to ensure the licensee has satisfied their obligation of pre-notification for the event described.

Step 6: Regulators communicate with the licensee to 'Approve' or 'Reject' the pre-notification event or Pre-Notification Uniform Form or documentation. Communication should be within 5

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business days of the Effective Date requested on the Uniform Pre-Notification Form(s).

Step 7: The licensee will make the changes in NMLS on or shortly after the effective date by inputting the information submitted on their NMLS Pre-notification Form into their record in NMLS.

Step 8: Regulators will review changes in the NMLS record to ensure the changes coincide with the submitted NMLS Pre-notification Form and make any necessary updates to license status.

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PRE-NOTIFICATION FORM MU1	UNIFORM PRE-NOTIFICATION MORTGAGE LENDER/MORTGAGE BROKER FORM					<input type="checkbox"/> MORTGAGE BROKER	
	Date of Pre-Notification Submission _____ Desired Effective Date (MM/DD/YYYY): _____ (MM/DD/YYYY): _____					<input type="checkbox"/> MORTGAGE LENDER	
						<input type="checkbox"/> MORTGAGE SERVICER	
License Number information (if applicable) is optional. Use additional sheets if necessary.		License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
		License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
<input type="checkbox"/> NUMBER OF DAYS REQUIRED FOR PRE-NOTIFICATION							
1. Exact name, principal business address, mailing address, if different, and telephone numbers of <i>applicant</i>: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (A) Entity name (sole proprietors provide last, first, and full middle name) </div> <div style="width: 45%;"> (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) </div> </div>							
(C) (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____							
(D) If this Pre-notification event reports the <i>applicant's</i> name has changed, specify whether the name change is of the <input type="checkbox"/> <i>applicant</i> name (1A) or <input type="checkbox"/> business name (1C1)? Enter the old name above and new <i>applicant</i> name here _____ or new business (trade/dba) name here _____							
(E) Main address: (Do not use a P.O. Box) <div style="display: flex; justify-content: space-between;"> <div>_____ Number & Street</div> <div>_____ City</div> <div>_____ State / Province & Country</div> <div>_____ Zip+4 / Postal Code</div> </div>							
(F) Mailing address, if different from Main address: <div style="display: flex; justify-content: space-between;"> <div>_____ PO Box or Number & Street</div> <div>_____ City</div> <div>_____ State / Province & Country</div> <div>_____ Zip+4 / Postal Code</div> </div>							
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following: (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete and are made under the penalty of perjury and/ or un-sworn falsification to authorities or similar provisions as provided by individual state law; (2) To the extent any information previously submitted is not amended such information is currently accurate and complete; (3) That the <i>jurisdiction(s)</i> to which an application is being submitted may conduct any investigation into the background of the applicant and any related individuals or entities, in accordance with state law and federal law for purposes of making determination on the application; (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and (5) To comply with the provisions of law including the maintenance of accurate books and records pertaining to the conduct of business for which the <i>applicant</i> is applying.							
_____ Date (MM/DD/YYYY)				_____ Signature of <i>applicant's</i> representative			

Signed or attested before me: _____ By _____

 Notary seal here on this _____ day of _____, _____ at _____
 Date Month Year State County

 Notary Public signature Notary Appointment Expires (MM/DD/YYYY)

***This execution must always be completed in full with original, manual signature and notarization.
 Affix notary stamp or seal where applicable.***

4. Check type(s) of mortgage related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i> .		YES
(A) First mortgage loan brokering		<input type="checkbox"/>
(B) Second mortgage loan brokering		<input type="checkbox"/>
(C) First mortgage lending		<input type="checkbox"/>
(D) Second mortgage lending		<input type="checkbox"/>
(E) First mortgage servicing		<input type="checkbox"/>
(F) Second mortgage servicing		<input type="checkbox"/>
(G) Home equity loans, including lines of credit		<input type="checkbox"/>
(H) Federal Housing Administration (FHA) insured loans as an approved Loan Correspondent		<input type="checkbox"/>
(I) Federal Housing Administration (FHA) insured loans as an approved Direct Endorsement mortgagee		<input type="checkbox"/>
(J) Ginnie Mae _____ approved Issuer/Servicer, or Fannie Mae _____ or Freddie Mac _____ approved Seller/Servicer		<input type="checkbox"/>
(K) Loans guaranteed by the Veterans Administration (VA)		<input type="checkbox"/>
(L) Reverse mortgage loans		<input type="checkbox"/>
(M) High cost home loans (refer to various state definitions of covered transactions)		<input type="checkbox"/>
(N) Other mortgage products or settlement services (If "yes", briefly describe _____)		<input type="checkbox"/>
(O) Credit insurance		<input type="checkbox"/>
(P) Other _____		<input type="checkbox"/>

6. (A) Indicate legal status of <i>applicant</i> .	
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	
(B) Fiscal year end (MM/DD): _____	
(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed):	
Formation State/: _____	Date of formation (MM/DD/YYYY): _____
Formation Province & Country 	
(D) If publicly traded please insert stock symbol: _____	

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Applicant full legal name: **Control Information**

7. (A) Directly or indirectly, does <i>applicant control</i> or is <i>applicant</i> under common <i>control</i> with, any <i>person</i> that is engaged in the business of a mortgage lender, mortgage broker, or providers of other settlement services? If no, go to item 7(B). If yes, complete information below for each relationship. In the "Control Relationship" Column", enter "S" if the <i>applicant controls</i> the entity (subsidiary) and "A" if the <i>applicant</i> is under common <i>control</i> with the entity (affiliate). Attach additional sheets as necessary.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship	

Will you be providing an organizational chart?
Briefly describe *control* relationship(s), including percentage of interest.
Use additional sheets for comments if necessary.

(B) Is this entity <i>controlled</i> by any of the following? <i>If no, go to item 8.</i>					YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> Bank Holding Company	<input type="checkbox"/> National Bank	<input type="checkbox"/> Savings Association/Savings Bank				
<input type="checkbox"/> Credit Union	<input type="checkbox"/> Foreign Bank	<input type="checkbox"/> Thrift Holding Company				
<input type="checkbox"/> State Member Bank of the Federal Reserve System		<input type="checkbox"/> State Non-Member Bank				
 <u> </u> Financial Institution Name						
<u> </u> Number and Street	<u> </u> City	<u> </u> State/Province Country	<u> </u> Zip+4/Postal Code			
 Will you be providing an organizational chart to all states where a license was requested? Briefly describe <i>control</i> relationship(s), including percentage of interest. Use additional sheets for comments if necessary.						

Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications.
Amendments to schedules A and B must be provided on Schedule C as changes occur.

8. Qualifying Individual – person in charge and responsible for company actions.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title	Number and Street	City	State/Province	Zip + 4/Postal Code

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Schedule A DIRECT OWNERS AND EXECUTIVE OFFICERS	<i>Applicant</i> full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____				
<p>1. Use Schedule A only in new applications to provide information on the direct owners and executive officers of the <i>applicant</i>. Use Schedule B in new applications to provide information on indirect owners. File all amendments on Schedule C. Complete each column.</p>					
<p>2. List below the names of:</p> <ul style="list-style-type: none">(a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;(b) each <i>control person</i>(c) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, unless the <i>applicant</i> is a publicly traded company; Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i>. For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.(d) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;(e) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee;(f) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and(g) in certain <i>jurisdictions</i>, other required <i>persons</i>, including "qualified <i>persons</i>" or branch supervisors. Consult the <i>jurisdiction(s)</i> in which the <i>applicant</i> is applying for details.					
<p>3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).</p>					
<p>5. (a) In the "Control Person" column, enter "Yes" if the <i>person</i> has "control" as defined in the instructions to form MU1, and "No" if the <i>person</i> does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form MU2. (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."</p>					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

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